



01762.008300

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	:	
)	Examiner: J.A. Dillon, Jr.
Timo ERIKSSON et al.	:	
)	Group Art Unit: 3651
Application No.: 10/018,804	:	
)	
35 U.S.C. §371 Filing Date: May 22, 2002	:	
)	
Original U.S. Filing Date: December 21, 2001	:	
)	
International Filing Date: June 19, 2000	:	
)	
For: METHOD AND APPARATUS	:	February 26, 2004
FOR TREATING HIGH PRESSURE)	
PARTICULATE MATERIAL	:	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
MAR 1 2004
GROUP 3600

AMENDMENT

Sir:

In response to the Office Action dated November 26, 2003, please amend the
above-identified application as follows:

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In re Application of:

Timo ERIKSSON et al.

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February 26, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**RECEIVED**
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GROUP 3600

Sir:

Transmitted herewith is an Amendment in the above-identified application.


☐ No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	29	MINUS	27	= 2	x \$9 \$18	\$36.00
INDEP. CLAIMS	2	MINUS	3	= 0	x \$42 \$84	\$ 0.00
Fee for Multiple Dependent claims \$140/\$280						—
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$36.00

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed including the additional claims fees.
- ☒ Charge \$ 36.00 (Thirty-six dollars) to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 CFR 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a ____ month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Steven E. Warner
Registration No. 33,326

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